## BIRCH, SIEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which is attached hereto. If not attached hereto,  the specification was filed on June 9, 2000  United States Application Number and amended on	f applicable ; (if ap , including	as PCT and was plicable) the claims, de of Feder					
or Use Without United States Application Number	f applicable ; (if ap , including	as PCT and was plicable) the claims, de of Feder					
pecification and amended on	(if ap , including Title 37, Co	as PCT and was plicable) the claims, de of Feder					
International Application Number  amended under PCT Article 19 on  I hereby state that I have reviewed and understand the contents of the above-identified specification, amended by any amendment referred to above.	(if ap , including Title 37, Co	as PCT and was plicable) the claims, de of Feder					
International Application Number	(if ap , including Title 37, Co	and was plicable) the claims, de of Feder					
amended under PCT Article 19 on  I hereby state that I have reviewed and understand the contents of the above-identified specification, amended by any amendment referred to above.	(if ap , including Title 37, Co	plicable) the claims, de of Feder					
I hereby state that I have reviewed and understand the contents of the above-identified specification, amended by any amendment referred to above.	, including Title 37, Co	the claims, de of Feder					
amended by any amendment referred to above.	Title 37, Co	de of Feder					
I acknowledge the duty to disclose information which is material to patentability as defined in T Regulations, \$1.56.	nerica befo						
I do not know and do not believe the same was ever known or used in the United States of An invention thereof, or patented or described in any printed publication in any country before my or our in than one year prior to this application, that the same was not in public use or on sale in the United States of year prior to this application, that the invention has not been patented or made the subject of an inventor in the data of this application, in any country foreign to the United States of America on an application.	s certificate	ereof or mo nore than or issued befo					
representative or assigns more than twelve months (six months for designs) prior to this application, and patent or inventor's certificate on this invention has been filed in any country foreign to the United States application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign or inventor's certificate listed below and have also identified below any foreign application for patent having a filing date before that of the application on which priority is claimed:	application or inventor	a prior to tr n(s) for pate or's certifica					
Prior Foreign Application(s)	Priority (	Claimed					
nsert Priority nformation: 1999 00828 Denmark June 11, 1999	ΙZΊ						
Information:         1999 00828         Denmark         June 11, 1999           If appropriate)         (Number)         (Country)         (Month/Day/Year Filed)	⊠ Yes	No					
in appropriate) (Northern Country)							
(Number) (Country) (Month/Day/Year Filed)	Yes	No					
(Number) (Country) (Month/Day/Year Filed)	Yes	No					
	_	_					
(Number) (Country) (Month/Day/Year Filed)	∐ Yes	□ No					
(Number) (Country) (Month/Day/Year Filed)	165	140					
I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional app	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below						
Insert Provisional 60/139,891 June 20, 1999							
Application(s): (Application Number) (Filing Date)							
(Application Number) (Filing Date)		<del></del>					
All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Mothe Filing Date of This Application:	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior the Filing Date of This Application:						
Country Application Number Date of Filing (Month/D	ay/Year)						
Insert Requested Information: (if appropriate)							
and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior U application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknow information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.5	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed beland, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or Papplication in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclosinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S.							
Application(s): (Application Number) (Filing Date) (Status - patented, pending file any)	ng, abando	ned)					
(Application Number) (Filing Date) (Status - patented, pending Date)	ng, abando	ned)					

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

(Reg. No. 19,382)
(Reg. No. 28,380)
(Reg. No. 29,680)
(Reg. No. 28,977)
(Reg. No. 32,644)
(Reg. No. 32,181)
(Reg. No. 34,313)
(Reg. No. 35,094)
, , ,

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING: 1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

F. II N					
Full Name of First or Sole Inventor: Insert Name of Inventor	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	0	DATE*	
Insert Date This Document is Signed	Thomas J. JENTSCH	Thas m-		June 29, 2000	
Insert Residence Insert Citizenship → Insert Post Office Address	Residence (City, State & Country)		CITIZENSHI	P	
	Hamburg, Germany		German		
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
	c/o Zentrum für Molekulare Neurobiologie (ZMNH), Universität Hamburg, Falkenried 94, D-20251 Hamburg, Germany				
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHII	TZENSHIP	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Third Inventor, if any: above see	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHII	P	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Fourth Inventor, if any: see see	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)		CITIZENSHII	P	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
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<sup>\*</sup>DATE OF SIGNATURE